

CONTINUOUS RUN REQUEST FORM

CR NUMBER: (BY ENERGY PROGRAM MGR.)

DATE OF REQUEST:

DATE RECEIVED: (BY ENERGY PROGRAM MGR.)

NOTE: AN APPROVED APPLICATION MUST BE RECEIVED AT LEAST ONE (1) WORK WEEK PRIOR TO EFFECTIVE START DATE.

Instructions For Completing This Form Are Attached

1. CHECK THE REQUEST TYPE: ☐ HVAC ☐ LIGHTING ☐ OTHER _____

2. DOES THIS CONTINUOUS RUN REQUEST ALLOW ANOTHER REQUEST TO BE CANCELED: ☐ YES ☐ NO
IF YES, PROVIDE LOCATION: _____ PROVIDE DATE: _____

3. JUSTIFICATION:

a. MANUFACTURER'S EQUIPMENT SPECIFICATION REQUIRES CONTINUOUS RUN: ☐ YES ☐ NO

b. IF YES, INCLUDE MANUFACTURER'S STATEMENT OF CONTINUOUS RUN:

c. IF NO, PROVIDE DETAILED JUSTIFICATION FOR THE CONTINUOUS RUN EQUIPMENT:

4. NAME OF AUTHORIZING OFFICIAL AND OFFICE SYMBOL:

5. AUTHORIZING OFFICIAL PHONE NUMBER:

6. BUILDING NUMBER OF CONTINUOUS RUN REQUEST:

7. ROOMS NEEDED FOR CONTINUOUS RUN:

8. NAME OF POINT OF CONTACT AND OFFICE SYMBOL:

9. POINT OF CONTACT PHONE NUMBER:

10. START DATE OF CONTINUOUS RUN:

11. END DATE OF CONTINUOUS RUN:

12. SPECIAL REQUIREMENTS (IF APPLICABLE):

a. TEMPERATURE: _____ DEGREES FAHRENHEIT

b. RELATIVE HUMIDITY: _____ % RH

c. ROOMS AFFECTED REQUIRING CONTINUOUS LIGHTING:

d. OTHER CONSIDERATIONS:

13. CHECK IF SETBACK IS A POSSIBILITY: ☐ YES ☐ NO

14. IF BLOCK 13. IS CHECKED "YES", CHECK OPTIONS BELOW AND GIVE SPECIFICS:

☐ TEMPERATURE SETBACK? _____ DEGREES FAHRENHEIT

☐ RELATIVE HUMIDITY SETBACK? _____ % RH

☐ SETBACK START TIME: _____

☐ SETBACK END TIME: _____

15. NAME OF BUILDING MANAGER AND OFFICE SYMBOL:

16. BUILDING MANAGER PHONE NUMBER:

INSTRUCTIONS

USE OF THIS FORM IS MANDATORY FOR ALL CONTINUOUS RUN REQUESTS FOR HVAC, LIGHTING, AND OTHER OPERATIONS.

Complete blocks 1 through 16 before submitting to the Energy Manager at Continuous.Run@msfc.nasa.gov THE E-MAIL MUST BE SENT BY THE PERSON AUTHORIZING THE REQUEST [GROUP LEAD OR COTR].

1. Check the request type for HVAC, LIGHTING, or OTHER.
2. Check YES or NO if this continuous run request allows another continuous run request to be canceled. If YES, provide location and date.
3. Provide the justification for the continuous run request.
 - a. Check YES or NO if manufacturer's equipment specification requires continuous run.
 - b. If YES, include manufacturer's statement of continuous run.
 - c. If NO, enter detailed justification for the continuous run equipment.
4. Enter the name and office symbol of the person authorizing the continuous run request.
5. Enter the phone number of the authorizing official.
6. Enter the building number of the continuous run request.
7. Identify the rooms by number needing continuous operations.
8. Enter the name and office symbol of the point of contact of the continuous run request.
9. Enter the phone number of the point of contact.
10. Enter the start date of the continuous run.
11. Enter the end date of the continuous run. (Limited to 180 days from start date.)
12. Enter special requirements (if applicable):
 - a. Enter temperature in degrees Fahrenheit.
 - b. Enter the percent relative humidity.
 - c. Enter which room lights are needed for continuous run.
 - d. Enter other items requiring continuous run.
13. Check "YES" or "NO" if setback is acceptable. [Setback means we can save energy by adjusting the thermostat and/or humidity controls and/or time of operation.]
14. If the answer to 13. is "YES", respond to the following: (Leave blank if 13. is NO.)
 - a. Enter degrees Fahrenheit for the setback.
 - b. Enter percent relative humidity for the setback.
 - c. Enter the setback start time.
 - d. Enter the setback end time.
15. Enter the name of the Building Manager and office symbol.
16. Enter phone number of Building Manager.